



Tennessee Department of Environment and Conservation,
Division of Water Pollution Control
401 Church Street, 6th Floor L & C Annex, Nashville, TN 37243
(615) 532-0625

**CONCENTRATED ANIMAL FEEDING OPERATION (CAFO)
STATE OPERATING PERMIT (SOP)
NOTICE OF INTENT (NOI)**

Type of permit you are requesting: ☐ SOPCD0000 (designed to discharge) ☒ SOPC00000 (no discharge) ☐ Unknown, please advise
Application type: ☐ New Permit ☒ Permit Reissuance ☐ Permit Modification
If this NOI is submitted for Permit Modification or Reissuance provide the existing permit tracking number: _____

OPERATION IDENTIFICATION

Operation Name: H.O. WALKER FARM		County: HAMBIEN
Operation Location/ Physical Address: 3215 3SPRINGS Rd Whitesburg, TN 37891		Latitude: 36°18'8.61N Longitude: 83°10'13.19W
Name and distance to nearest receiving water(s): Cherokee Lake - 3 mi		
If any other State or Federal Water/Wastewater Permits have been obtained for this site, list those permit numbers:		
Animal Type: <input checked="" type="checkbox"/> Poultry <input type="checkbox"/> Swine <input type="checkbox"/> Dairy <input type="checkbox"/> Beef <input type="checkbox"/> Other _____		
Number of Animals: 120,000	Number of Barns: 6	Name of Integrator: Koch
Type of Animal Waste Management: (check all that apply) <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Liquid <input type="checkbox"/> Liquid, Closed System (i.e. covered tank, under barn pit, etc.)		
Attach the NMP <input type="checkbox"/> NMP Attached	Attach the closure plan <input type="checkbox"/> Closure Plan Attached	Attach a topographic map <input type="checkbox"/> Map Attached

PERMITTEE IDENTIFICATION

Official Contact (applicant): H.O. WALKER		Title or Position: OWNER		<input type="checkbox"/> Correspondence <input type="checkbox"/> Invoice	
Mailing Address: 3215 Three SPRINGS Rd	City: Whitesburg	State: TN	Zip: 37891		
Phone number(s): 423-235-7303	E-mail:				
Optional Contact:		Title or Position:		<input type="checkbox"/> Correspondence <input type="checkbox"/> Invoice	
Address:		City:	State:		Zip:
Phone number(s):		E-mail:			

APPLICATION CERTIFICATION AND SIGNATURE (must be signed in accordance with the requirements of Rule 1200-4-5-.05)

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

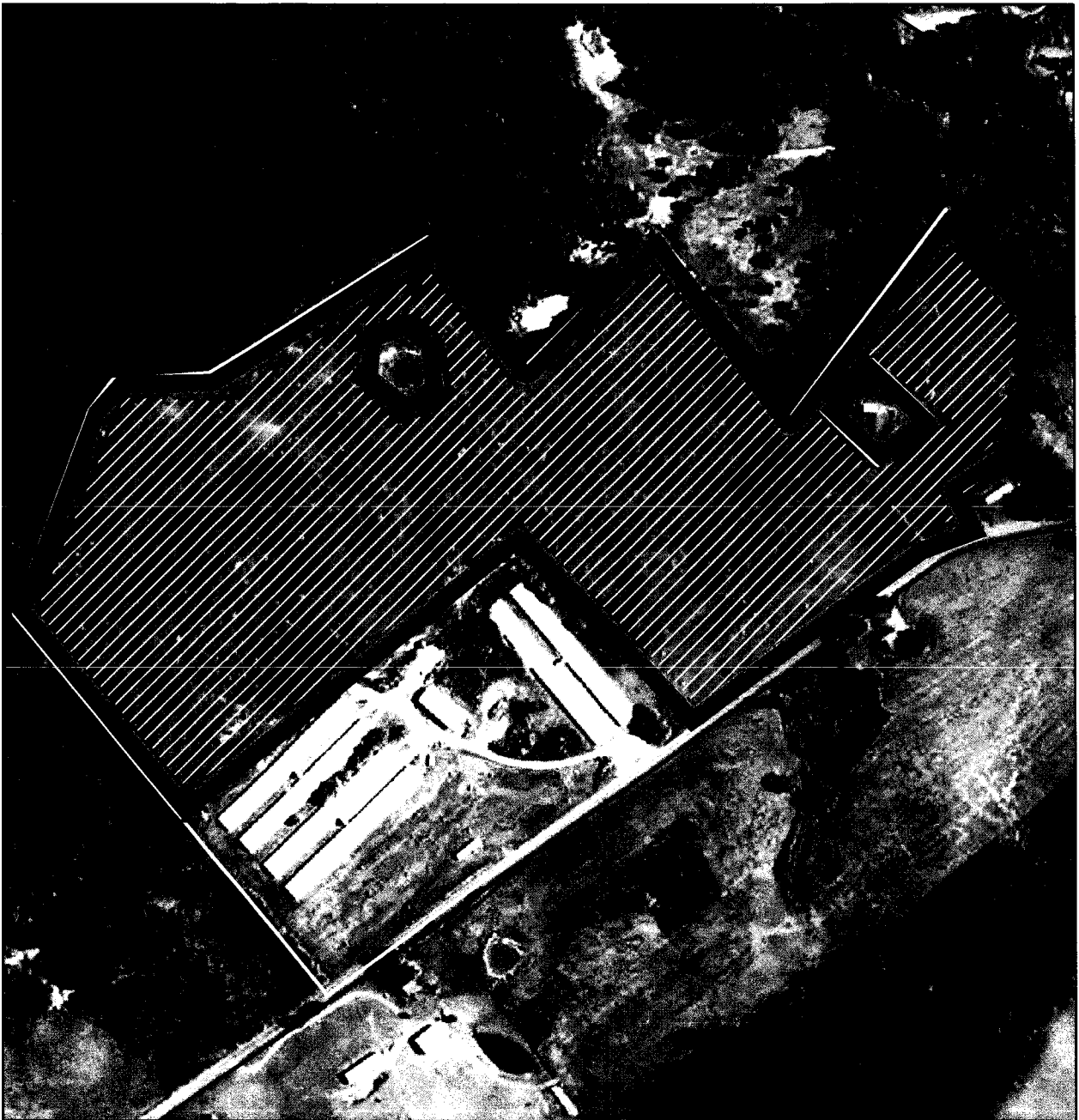
Name and title; print or type H.O. WALKER	Signature H.O. Walker	Date 5-5-2011
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STATE USE ONLY
RECEIVED

Received Date MAY 13 2011	Reviewer	EFO	T & E Aquatic Fauna	Tracking No.
	Impaired Receiving Stream	High Quality Water		NOC Date

**H.O. Walker
Nutrient Management Plan**

**Lat: 36°18'8.16"N
Long: 83°10'13.19"W**



Scale 1:4,558



Application Area



Buffer Zone



RECEIVED

MAY 13 2011

IN Division Of Water
Pollution Control

H.O. Walker
Nutrient Management Plan

Lat: 36°18'8.16"N
Long: 83°10'13.19"W



Scale 1:4,774



Application Area



RECEIVED
MAY 13 2011
IN Division Of Water
Pollution Control

May 9, 2011

Dear Ms. Obrien,

I am requesting coverage under CAFO General Operating permit SOPC0000. Attached, you will find my NOI. I have sent in new manure and soil samples to update my N MP. I expect to receive these back by May 31st and plan to provide you an updated map and litter application rate for my farm. Please contact me if you have any questions or need additional information.

Sincerely,

H.O. Walker

H.O. Walker

Cc: USDA NRCS

Paul McQuade

420 W. Morris Blvd. Suite 340

Morristown, TN 37813

RECEIVED

MAY 13 2011

**TN Division Of Water
Pollution Control**